

16/11/54

City and County Borough of



Canterbury
1954



ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL
OFFICER

Including the Report of the
CHIEF SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
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14 DANE JOHN,
CANTERBURY.
1955.

To the Mayor, Aldermen and
Councillors of the City of Canterbury.

I have the honour to present my Annual Report covering the year 1954, with which is included the report of the Chief Sanitary Inspector and my report as Principal School Medical Officer.

The Health services embodied in the Welfare State have moved on from the stage of enthusiastic development to that of critical review. Following on the rapid advance which has raised the standard of health, of welfare, and of available care for all, or practically all, it is not unexpected that we should now find that the component services are the subjects of critical financial scrutiny. It is therefore appropriate for me to preface the report with a comment on the cost of your local health services.

As a guide to this comment the costs from the financial year 1946-47 to the financial year 1954-55 (estimated figure) have been tabulated and shown as a cost per annum per head of the population, as well as in the form of the rate burden. The indices of retail price advance and advance in general wages level have also been shown for comparison as there is a relationship between these and health service costs. The June 1955 index is 150 for retail prices and 152 for all wages. You will observe that such essential public health services as sewage disposal, refuse collection and disposal, and water supply are not included in these costs.

The Local Cost of City Health Services

Year	1946/ 47*	1947/ 48*	1948/ 49*	1949/ 50	1950/ 51	1951/ 52	1952/ 53	1953/ 54	Esti- mated 1954/55
Population	23,650	24,390	25,370	25,490	27,080	29,640	29,640	29,400	29,600
Net Cost £ Local Health Service	12,059	16,064	12,829	9,657	10,873	10,817	11,921	13,427	14,087
Net Cost £—Other Public Health Service	6,223	6,175	4,168	3,266	3,642	3,985	4,503	4,695	5,143
Total Net Cost £ ...	18,282	22,239	16,997	12,941	14,515	14,802	16,424	18,122	19,230
Cost per annum per head of the population	15/5½d	18/3d	13/4¾d	9/9¼d	10/8½d	10/-	11/1d	12/4d	13/-
Rate Burden	1/9d	1/11¼d	1/6¾d	1/2¾d	1/2¾d	1/3¾d	1/4¼d	1/4¾d	1/5¾d
For Month of June		1947	1948	1949	1950	1951	1952	1953	1954
Retail Price Index		100	110	111	114	125	138	141	142
Wages Index all Worker ...		100	106	109	110	119	129	135	142

*For all or part of these years Local Health Services include Infectious Disease, Maternal and Child Welfare, Midwifery, Tuberculosis, Venereal Disease, Ambulance Service and Mental Deficiency.

There was a sharp drop in the cost of local health services when the National Health Service Act, 1946, was implemented in 1948, because the cost of hospital treatment for infectious disease, tuberculosis, complicated maternity and other such services was met by the hospital section of the National Health Service. There was also a greater grant from central government funds towards the remaining and newly created local health service.

But it must not be thought that this has lightened the local cost. It has merely levied the cost of such grants and of the other national health services by means of income tax and an allocation of a portion of the national insurance contribution, instead of by local rating. There is only one national pocket and we all have a hand in it.

Therefore it is right that we should all, individually, consider the manner in which we incur cost in our use of the National Health Service.

In looking as a local authority at the cost of our local health services we must also consider their value as a contribution to the health of the community.

None will object to 21% of the cost going to provide a home nursing and midwifery service, for the care and comfort provided in partnership with the family doctor is real and clear. It may surprise you that the home visiting service of the health visitors, the provision of child welfare and ante-natal clinics, immunisation and vaccination, extra nourishment for the tuberculous, the after care of illness and other preventive services only call on 17% of the cost, or that 5% goes to help the mentally ill or handicapped. The Home Help Service which seems now to be approaching full stature and which helps to buffer rising costs in the welfare services for old people, gives much household help to those suffering from chronic illness and infirmity, as well as to other deserving cases at 16% of the cost. But none will be entirely happy that a proportion of 24% of the cost goes to the ambulance service.

Let me hasten to assure you that the ambulance service makes a most valuable contribution to the curative health services. It has bridged the gap between home and hospital, but the bridge toll is two shillings and twopence a mile. It has made possible an improvement in the survival and comfort of a vast number of arthritics, hemiplegics and other disabled persons by bringing them within reach of routine outpatient hospital treatment, and it makes a lively contribution to the greatest use of hospital beds and integration of treatment at dispersed hospital departments. Its quality and value is not questioned, but concern is certainly felt at the volume of the demand made on it.

We need a sharpening of the public conscience on the use of ambulance transport to ensure that no demand is made to transport a case that can travel otherwise. Any such unwarranted demand is another pick at the national pocket.

Any suggestion which may reduce costs by closer co-ordination between sections of the national health service is

worthy of study, for the different sections are not private empires, but are a commonwealth for health. For instance, could cost be controlled by a closer integration of the work of outpatient treatment clinics and the home nursing and health visiting services, which might allow patients whose frequent attendances for physiotherapy, gymnastics or occupational therapy are only possible by ambulance transport, to maintain similar progress by occasional attendance and intermediate home supervision by local health authority staff provided with a guide to the practice to be followed by the patient? I may of course be seeking to bring the mountain to Mohammed, but such thinking is necessary.

In concluding this preface to the 1954 report may I summarise the situation. The National Health Service is a good one. It is costly but worth it. It is paid for in one way or another from a single source, the nation's pocket. Any abuse of it is picking that pocket. We must sharpen our conscience on the manner in which we use it. We must avoid sectionalism and integrate curative and preventive. We must keep our minds open to new ideas on the balance of cost and value, and on improvement and development of the service.

Your obedient servant,

MALCOLM S. HARVEY.

ANNUAL REPORT, 1954

Social Circumstances.

The most outstanding development during the year has been the progress in rebuilding the centre of the City which has increased the attraction of the shopping centre and has increased the community contact with surrounding districts.

Since the end of the year under review the Cattle Market has moved to its new site, which is an open one and out of the main pedestrian area. This may appear to have no relation to matters concerning health, but if one considers animals in the role of hosts to infecting organisms, then the facilities for exchange of infections between the two groups of animals, man and beast, are of some social consequence, and the removal of a cattle market from the centre of the City to the periphery is noteworthy.

The improvement in living conditions, through house building, or repair and improvement of existing buildings, continues and 1954 saw a marked increase in private house building.

The head of the Canterbury Employment Office of the Ministry of Labour has kindly supplied the following figures for unemployment for the year 1954.

Mid 1954	...	Men	88 (112)	Women	32 (21)
----------	-----	-----	----------	-------	---------

End of 1954...	Men	133 (163)	Women	68 (95)
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(The 1953 figures are in parenthesis).

Thus the improvement shown in 1953 has continued.

GENERAL AND VITAL STATISTICS FOR 1954

General.

Area : 4,810 Acres.

Number of Inhabited Dwellings (end of financial year 31.3.55 according to Rate Book) : 8,736.

Rateable Value (31.3.55) : £283,582.

Sum represented by penny rate : £1,124.

Registrar General's estimate of mid-year population, 1954 : 29,600.

The mid-year population is subject to fluctuations of one or two hundreds through variations in the barrack area population, but shows a steady slow upward trend.

Vital.

BIRTHS :—	Male	Female	Total
Live Births : Within Marriage ...	227	215	442
Outside Marriage ...	9	10	19
Total Live Births ...	236	225	461
Stillbirths : Within Marriage ...	11	4	15
Outside Marriage ...	—	—	—
Total Stillbirths ...	11	4	15

DEATHS :—			
All Deaths	165	142	307
Deaths associated with Pregnancy, Childbirth or Abortion	—	—	—
Deaths of Infants under 1 year ...	5	3	8
(All births within marriage).			

The following rates are calculated from these figures and are corrected and compared with corresponding figures for England and Wales for 1954.

Comparative Statistical Rates for 1954.

		England Canterbury and Wales
Crude Live Births per 1,000 Population ...	15.57	
Corrected by Comparability Factor (1.02)	15.88	15.2
Stillbirths per 1,000 Population ...	0.50	
Calculated per 1,000 Live and Stillbirths	31.51	23.4
Crude Death Rate (all causes) per 1,000 Population ...	10.37	
Corrected by Comparability Factor (0.90)	9.33	11.3
Infant Mortality Rate (Deaths under 1 year per 1,000 Live Births) ...	17.35	25.5

These statistical rates remain satisfactory and the birth rate is well maintained.

Deaths.

TABLE I

No.	Causes of Death	1954		
		M.	F.	Total
1	Tuberculosis of Respiratory System ..	1	1	2
2	Tuberculosis, Other Forms ...	—	—	—
3	Syphilitic Diseases ...	1	—	1
4-9	Other infective and parasitic diseases ...	—	1	1
10	Malignant Neoplasm, stomach ...	1	3	4
11	Malignant Neoplasm, lung and bronchus ...	6	—	6
12	Malignant Neoplasm, breast ...	—	6	6
13	Malignant Neoplasm, uterus ...	—	2	2
14	Other malignant and lymphatic neoplasms	19	6	25
15	Leukaemia and Aleukaemia ...	1	2	3
16	Diabetes ...	—	1	1
17	Vascular Lesions of Nervous System ...	19	20	39
18	Coronary Disease, Angina Pectoris ...	32	20	52
19	Hypertension with Heart Disease ...	4	2	6
20-21	Other Heart and Circulatory Diseases ...	30	43	73
22	Influenza ...	1	—	1
23	Pneumonia ...	3	3	6
24	Bronchitis ...	9	4	13
25	Other Diseases of Respiratory System ...	5	2	7
26	Ulcer of stomach and duodenum ...	—	1	1
27	Gastritis, Enteritis and Diarrhoea ...	1	2	3
28	Nephritis and Nephrosis ...	2	1	3
29	Hyperplasia of Prostate ...	1	—	1
30	Pregnancy, Childbirth and Abortion ...	—	—	—
31	Congenital Malformation ...	3	2	5
32	Other defined and ill defined diseases ...	14	14	28
33	Motor Vehicle accidents ...	3	—	3
34	All other accidents ...	2	3	5
35-36	Suicide, Homicide and War ...	7	3	10
TOTAL ...		165	142	307

There has been a shift from vascular lesions of the nervous system (fall from 55 to 39) to coronary disease and Angina Pectoris (rise from 37 to 52) compared to 1953.

Infant Deaths.

The occurrence of 8 infant deaths and 15 stillbirths gives a peri-natal death rate of 46.2 per 1,000 total live and stillbirths (England and Wales approximately 48.25).

Causes of Infant Deaths.

It is noteworthy that asphyxia as a cause of infant death has dropped out this year. Some concern was expressed in previous years at the occurrence of these "found dead" losses.

TABLE II
Causes of Infant Deaths.

	Under 24 hours	24 hours to 2 weeks	2 weeks to 1 month	1-12 months	Total
Trauma: Cerebral Hæmorrhage	—	1	—	—	1
Subdural Hæmorrhage	—	1	—	—	1
Prematurity	1	—	—	—	1
Atelectasis (partial)	1	—	—	—	1
Hæmolytic Disease, Kernicterus	1	—	—	—	1
Congenital Defects: Heart and Blood Vessels	—	—	2	—	2
Hydrocephalus	—	—	—	1	1
Male	1	3	1	—	5
Female	1	—	1	1	3
TOTALS	2	3	2	1	8

TABLE III
All Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90 +	Total
Male	5	3	2	2	41	69	33	10	165
Female	3	4	2	4	26	46	50	7	142
TOTAL	8	7	4	6	67	115	83	17	307

Infectious Diseases.

TABLE IV

	Total Cases Notified	Children Under 5 years	Children 5-15 years	Adults
Scarlet Fever	22	4	17	1
Whooping Cough	123	71	49	3
Measles	1	1	—	—
Food Poisoning	64	—	21	43
Pneumonia	2	—	—	2
Acute Poliomyelitis ...	1	1	—	—
Ophthalmia Neonatorum ...	2	2	—	—
Puerperal Pyrexia	17	—	—	17
Meningococcal Meningitis	1	—	—	1

Measles and Whooping Cough are diseases of interest as much from the incompleteness of notification as from their varying incidence. It is ludicrous to record only one case of measles in 1954 and yet that is the number notified. Perhaps there is a logarithmic relationship between actual cases and the numbers notified, or it may perhaps be likened to a centrifuge (or a motor cyclist in the Wall of Death) in which a low number of revolutions causes little disturbance or deviation from zero, but as the gyration of infection rises the notification figure climbs dramatically.

Food Poisoning.

The 64 cases comprised two outbreaks, one in a school and one in the barrack area.

The school outbreak was attributed on presumptive evidence to toxin formation in cooked food arising from coagulase positive staphylococcus aureus contamination, an organism which inhabits infected noses and septic skin abrasions. This was thought to have grown in a rolled piece of beef during or after cooking with the formation of a toxin which subsequently caused acute vomiting, of a distressing severity. Thirty-six cases were notified, 37 cases were ascertained and none were fatal or the cause of continuing illness.

The barrack area outbreak involved 28 persons and was also presumed to be a staphylococcal toxin outbreak, credited to an infected burn on the hand of a member of the catering centre, from which staphylococci got into a prepared dish of food and grew with toxin production.

The onset of illness was not however typical of an outbreak of toxin food poisoning in that sharp diarrhoea preceded nausea and belly ache by some hours.

Epidemic Nausea (winter vomiting disease).

During the last two months of the year there was a prevalence of disease causing acute vomiting. None of the cases were severe enough to cause the doctor called in to consider that it was a case of food poisoning and probably many housewives or other caterers were unwarrantably suspected of carelessness, or patients accused of dietary indiscretions.

The attacks appeared to occur in grouped persons, in schools and families, with an apparent incubation period of about four days between cases. Some of the boarding schools in the surrounding district were involved and the illness was quite distressing.

The condition was described in this country in 1943 by Dr. Bradley, and has been written up in several journals since. It is now encountered in most parts of the country. Onset is experienced as a wave of nausea, and this is usually followed by vomiting. Cases may wake in the night already vomiting. There may be a pyrexia for a short period and the patient is usually fully recovered in 24 hours with full return of appetite in 48 to 72 hours.

I quote the following outbreak in a family of father, mother and four children.

- 24.11.54 (a) Female aged 5, at a small private school. Woke at 10 p.m. vomiting, and continued with occasional vomiting for 5 hours. Pyrexia of 100° F. for 14 hours, with some slight looseness of stools. Un-eventful recovery.
- 28.11.54 (b) Male aged 14, schoolboy. p.m. felt nauseated and within 1 hour had acute vomiting and increased bowel action, duration 4 hours. Pyrexia 100.4° F. for 24 hours.
- 1.12.54 (c) Mother. Awoke 3 a.m. with acute vomiting, duration 9 hours. Felt shivery for a short time in the evening of 1.12.54. Fully recovered next morning.
- 2.12.54 (d) Female aged 12. Early to bed feeling nauseated. Vomited from 8 p.m. until 3 a.m. on 3.12.54. Pyrexia 100.2° F. on 3.12.54 for 12 hours.
- 2.12.54 (e) Male aged 9 complained of nausea during evening and "smelt" sick. Recovery in 24 hours. No vomiting.
- 3.12.54 (f) Father. Wakened at 2 a.m. and 5 a.m. by waves of nausea. No vomiting. No pyrexia.

Research workers differ in their conclusions on the causative agent of the disease, one group believing that it is filtrable and airborne, entering through the respiratory tract and present in nose and throat and stool but not the blood (C.M.O. M/H Annual Report 1953, page 60). Following up another line that the vomiting-causing strains of staphylococci might be responsible, swabbing

was done of cases in a boarding preparatory school, in the adjoining district. The results, while showing the presence in scanty amounts of staphylococcus aureus (coag. positive) in a few cases, were inconclusive.

It will be interesting to observe whether the experience of 1954 will be the first of other outbreaks in future winters, or whether the young population has now been salted against it. If the causative agent is the toxin of a toxin producing coagulase positive staphylococcus aureus growing in the oropharynx, and if the toxin has a common identity with that toxin causing food poisoning outbreaks, then this experience may be of value to the young sufferers and may guard them against the danger of such illness from over handling in food preparation for group catering.

Tuberculosis.

The following table shows the incidence of tuberculosis during the year. The Mass Radiography Unity made no visit to Canterbury during the year. B.C.G. Vaccination was still limited to contacts, but a scheme for 13 year olds was in preparation.

The District Nursing Service assists with the home treatment of cases.

TABLE V

Site/Sex	Number of Notifications													
	1948		1949		1950		1951		1952		1953		1954	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	9	7	16	9	11	10	9	10	14	4	14	6	13	9
Non-Pulmon-ary	3	1	5	2	—	1	3	1	—	1	4	1	1	3

No. of Cases Remaining on Register 31.12.54

Pulmonary

Non-Pulmonary

M.

F.

M.

F.

111 65

21 12

Venereal Diseases.

The Venereologist reports that 7 new cases of syphilis and 29 new cases of gonorrhoea from Canterbury were seen during 1954. There were 23 cases of other disease dealt with. The new times of the Clinic at the Kent and Canterbury Hospital, which will be in force by the time this report is published are :

Males—Tuesdays and Fridays, 3-4 p.m.

Females—Tuesdays and Fridays, 2-3 p.m.

Hospital Accommodation for Infectious Disease.

The hospital for the area is the Haine Isolation Hospital, Ramsgate. The home nursing of Scarlet Fever is encouraged where the facilities are suitable.

Laboratory Services.

1. For Pathological Work : Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream, and Water): Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations : Canterbury Public Analyst.

Nursing Homes.

There is only one nursing home in the city which provides 6 beds for medical cases and chronic sick cases.

Accommodation for Old People.

There is one registered home for aged persons providing accommodation for four persons. The Welfare Committee has two old people's homes for elderly infirm or handicapped persons. Accommodation provides for 26 males and 23 females. The Housing Committee has provided 84 units of accommodation for elderly persons and there are nine groups of almshouses provided by local charities.

National Assistance Act, 1948.

(a) SECTION 47.

One case was the subject of an application to the magistrates for an order. It is described under the Mental Health section of the report.

Two other cases were dealt with without recourse to the Magistrates.

(b) BLIND WELFARE.

The required procedure was brought into force during the previous year and is shown in the following tabulation.

Blind Persons Register.

No. of cases notified on Form B.D.8 during 1954 ... 17.

A.—FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of Cases registered during the year in respect of para. 7(c) of Form B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No Treatment	6	1	—	6
(b) Treatment— (medical, surgical or optical)	3	1	—	—
(iii) Number of Cases at (i)(b) above which on follow-up action have received treatment	1	—	—	—

B.—OPHTHALMIA NEONATORUM.

(1) Total number of cases notified during the year ...	2
(2) Number of cases in which :—	
(a) Vision Lost	—
(b) Vision Impaired	—
(c) Treatment continuing at end of year	—

LOCAL HEALTH SERVICES.

Care of Expectant and Nursing Mothers, and Children Under School Age.

The Ante-Natal and Post-Natal Clinics are unchanged from 1954 : Wednesday 10.30 a.m. and 2 p.m. at the Central Clinic and alternate Monday afternoons for mothers booked for admission to the Shorncliffe Military Families Hospital, at Northgate Clinic.

A class in Relaxation exercises is held on Wednesday afternoons at 3 p.m. at the Central Clinic. Since it started in June, 1954, 26 mothers have made 149 attendances at the class.

Blood examination and routine x-ray examination of the chest are done on mothers attending the clinic. Talks are given, and special instructive displays concerning food values, clothing, mental health, and other relevant subjects are set out by the Health Visitors.

As midwives are booked by attendance on Wednesday afternoon the maximum benefit is offered and we hope obtained by expectant mothers from these arrangements.

The Council plans to start a regular Sewing Class for mothers at the London Road Clinic, to be run through the co-operation of the Director of the Technical College.

(a) The following figures show the cases attending the Ante-Natal and Post-Natal Clinic :—

Ante-Natal Sessions held at Central Clinic and Northgate Clinic	132
Mothers in attendance on 1.1.1954	28
First attendances during 1954	63
Mothers still in attendance at end of 1954	21
Total attendances	232
Blood examinations carried out	197
Cases referred to Dental Officer	15
Number of Mothers who attended Post-Natal Examinations	24

The authority continues to supply maternity outfits free of charge to all expectant mothers booked for home delivery.

(b) CHILD WELFARE CENTRES.

1. Monday, 2 p.m.—London Road, May Hooker Memorial Clinic. Doctor and Health Visitors.
2. Tuesday, 2 p.m.—Hollow Lane (Wincheap Primary School). Doctor and Health Visitor.
3. Thursday, 2 p.m.—Central Clinic, Stour Street. Doctor and Health Visitors.

4. Friday, 2 p.m.—Welfare Hut, Military Road. Doctor and Health Visitor.
5. Friday, 2 p.m.—Central Clinic, Stour Street. Health Visitors only.

At all sessions attended by a doctor, vaccination against smallpox, immunisation against diphtheria, or inoculation against whooping cough is available. Recently authority to include anti-tetanus inoculations has been given.

In all clinics valuable assistance is given by voluntary workers, who also, in one clinic, staff the Welfare Food Sales arrangements.

The total clinic attendances have not been increased very much by opening the new clinic at London Road, but undoubtedly the greater convenience of mothers in the new housing estate has been served.

Table VI shows the attendance at Child Welfare Clinics.

TABLE VI

Infant/Child Welfare Centre	Age Group	Central Clinic	Wincheap Clinic	Northgate Clinic	London Road Clinic	TOTAL
Children on Clinic Register 31.12.53	Under 1	158	33	36	—	227
	1-5 yrs.	113	27	93	—	233
First attendance during 1954	Under 1	220	38	66	65	389
	1-5 yrs.	86	8	36	52	182
Total No. of Children remaining on Register on 31.12.54 ...	Under 1	84	38	52	63	237
	1-5 yrs.	61	19	21	31	132
Total No. of Attendances made by children during 1954 ...	Under 1	2,461	802	1,194	1,112	5,569
	1-5 yrs.	1,190	250	558	470	2,468
Doctors' Consultations	Under 1	283	166	148	108	705
	1-5 yrs.	199	60	118	60	437

(c) WELFARE FOOD SALES.

The Council took over responsibility for the distribution and sale of Ministry of Food Vitamin Supplements, and National Dried Milk, on June 28th, 1954. The transfer of responsibility came quickly and arrangements had to be made hurriedly. A supply depot and distribution centre was established at the Central Clinic and each of the peripheral Welfare Clinics and one Post Office became the subsidiary distribution centres. The distribution centre at Stour Street Central Clinic is open daily from 10 a.m. to 1 p.m. and 2.15 to 4.15 p.m. and on Saturday from 9 a.m. to 12.15 p.m.

It is a great boon to country folk shopping in Canterbury as well as to the City folk.

Total Welfare Foods distributed during the period June 28th to December 31st, 1954 :—

National Dried Milk	...	8,754
Orange Juice	... ..	12,785
Cod Liver Oil	... ..	2,029
Vitamin A and D	... ..	1,230

(d) SUPPLY OF OTHER NUTRIENTS AND SUPPLEMENTS.

In addition to the Ministry's Welfare Foods the Authority has available for purchase at the Welfare Clinics a variety of proprietary dried milks, weaning supplements and vitamin preparations, sold at or near the cost price to mothers attending the clinics, subject to the advice or guidance of the doctor in attendance. Help where necessary is given to cases of financial hardship by the free issue of milk foods.

(e) SPECIAL CLINICS.

1. The Artificial Sunlight Clinic has been moved to the School Clinic. Only 2 cases of children under school age were referred in 1954.
2. Thirteen special attendances were made during the year by breast-feeding mothers at the Central Clinic. These cases are seen in the forenoon as well as at Clinic sessions.

(f) PREMATURE INFANTS.

Equipment is maintained for the home care of premature infants as described in the Annual Report for 1952. The total number of premature births notified or recorded during 1954 numbered 149 of which 6 were delivered at home and 143 in hospital. The number of hospital cases resident in Canterbury numbered 18, making a total of 24 premature births out of the 461 live births which occurred during the year.

(g) DENTAL CARE.

Full advantage of this service is not yet taken by mothers or pre-school children. A Dental Surgery is now equipped at the Central Clinic, Stour Street and the regular attendance of the Principal Dental Officer on the afternoon of the Ante-Natal Clinic should encourage better usage.

The Dental Officer reports as follows on the dental care and treatment provided to expectant and nursing mothers, and to children under five years of age.

(i) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	15	15	14	10
Children under Five ..	33	28	23	20

(ii) Forms of dental treatment provided :

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dental Provisions
		Local	General						Complete
Expectant and Nursing Mothers	84	11	13	14	5	—	1	1	1
Children under Five	42	—	20	4	—	10	—	—	—

(g) OTHER PROVISIONS.

There is one registered child minder in the City. There is no day nursery or residential nursery running in the town. The Woodville Homes for children are run by the Children's Department, but the child life protection visiting is carried out by the Senior Health Visitor.

Domiciliary Midwifery.

The level of domiciliary confinement was maintained at approximately 50% of the total. The staff remains as in 1953, four midwives of whom one receives a pupil from the Part II Training School at the Kent and Canterbury Hospital.

The confinements in the City during the year totalled 798 and occurred as shown in the following tabulation.

Births in Canterbury—At Home—

Doctor and/or Midwife ...	240
	<hr/> 240

Elsewhere—

Nursing Home ...	7
Kent & Canterbury Hospital	551
	<hr/> 558

Total ... 798

Cases of Puerperal Pyrexia—

Kent & Canterbury Hospital ...	6
Domiciliary Practice ...	3

Cases of Ophthalmia Neonatorum ... 2

Births to Canterbury Mothers in Kent & Canterbury Hospital ... 163

Births to Canterbury Mothers occurring outside Canterbury ... 58

Births to Canterbury Mothers in Nursing Home ... 2

“ “ “ “ in Domiciliary Practice ... 237

“ “ “ “ Privately ... —

Total ... 460

The 11 stillbirths occurred as follows :—

In domiciliary practice	...	...	...	...	4
In Kent and Canterbury Hospital	...	...	...	...	5
In Nursing Home	...	...	...	...	—
Elsewhere outside the City	...	...	...	...	2

Of the 58 births occurring outside Canterbury 39 occurred at St. Heliers Maternity Home, Tankerton (Canterbury Group H.M.C.) and 14 occurred at the Military Families Hospital, Shorncliffe.

There are still no facilities for a family doctor to deliver a patient in a maternity unit in Canterbury.

Health Visiting.

The staff comprises four qualified or recognised health visitors, a shared tuberculosis health visitor (equivalent to $\frac{1}{3}$ full-time) and a schools and special clinic nurse. The visiting for 1954 was maintained on the 1953 level.

<i>Visits to Infants and Children—</i>				<u>1953</u>	<u>1954</u>
Under 1 year—	First Visits	...	...	446	447
	Other Visits	...	...	2,087	1,880
1-5 years	—Total Visits	...	...	4,079	4,024
<i>Visits to Expectant Mothers—</i>					
	First Visits	...	...	56	112
	Other Visits	...	...	17	27
Child Life Protection Visits	...	...	...	72	90
Visits to Old Persons	...	...	...	47	94

(Visits to cases of Infectious Disease are included in the figures above).

The figures for the Tuberculosis Health Visiting are as follows :

	<u>1953</u>	<u>1954</u>
No. of Clinic Sessions	106	102
No. of Refill Clinics	49	48
No. of Mantoux Test Clinics	34	41
No. of Home Visits	719	673
Contacts seen	240	308

The Health Visitors are now maintaining a record of old persons visited and are in direct touch with the Old Peoples Welfare Committee through one of their number who sits on the Committee as a Health Visitors' representative.

Tuberculosis Health Visiting continues to be run from the Chest Clinic. A point of note is the increase of Contact follow-up which increased by 25% in 1954 over 1953.

Home Nursing.

The Canterbury District Nursing Association now has an establishment of four Queen's Nursing Sisters and a part-time Relief Nurse. The headquarters of the Association is at the Poor Priests Hospital, and the nurses are provided with a room in which they can prepare bags and sterilise equipment.

The District Nurses' register shows 560 new cases entered during 1954, compared to 616 new cases entered in 1953. The following table is based on the annual report of the Association.

TABLE VII

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits Patient Over
The year 1949	356	98	—	—	454	8,688	—	—
" " 1950	346	125	3	—	474	11,682	—	—
" " 1951	427	130	16	1	574	15,784	—	—
" " 1952	383	124	13	22	542	16,705	—	—
" " 1953	527	105	21	1	654	16,016	—	—
" " 1954	519	114	22	2	657	17,151	253	10,29
TOTAL	2,558	696	75	26	3,355	86,026	253	10,29

It will be seen that while 38% of patients nursed are over 65, the nursing of these patients represent 60% of the visiting and the average number of visits throughout the year to patients over 65 is 40 visits.

Vaccination and Immunisation.

There is a healthy competition between the family doctor and the clinic to attain vaccination and immunisation of a high proportion of the infants. One can point to a slight improvement during 1954, in the vaccination state of the child population.

A much greater number of parents have requested whooping cough inoculation for their children, i.e. more than double the number for children under 1 year.

TABLE VIII

			Under 1	1—4	5 to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	50	15	—	—	65
		Family Dr.	264	24	7	25	321
	Total		314	39	7	26	386
	Revaccination	Clinic	—	—	2	7	9
Family Dr.		—	—	6	67	73	
Total		—	—	8	74	82	
Diphtheria Immunisation	Primary Immunisation	Clinic	77	66	32	—	175
		Family Dr.	163	102	13	1	279
	Total		240	168	45	1	454
	Booster Dose	Clinic	—	17	169	—	186
Family Dr.		—	20	98	—	118	
Total		—	37	267	—	304	
Whooping Cough	No. of Cases Inoculated		225	156	23	—	404
Canterbury Population Mid-1953			0 — 4		5 — 14		0 — 14
			2,500		4,600		7,100
Canterbury Births — 1954			—		—		461
Canterbury Births — 1953			—		—		459

Ambulance Service.

The staff and depot arrangements remain as reported last year —1 Station Officer, 18 driver/attendants and one clerk, with 5 ambulance cars, 3 sitting case cars, of which 6 are equipped with wireless communication.

Again the demand shows an increase. The use of rail transport is used as much as possible to avoid long distance ambulance trips.

TABLE IX

	1951	1952	1953	1954
Total Patients Carried	18,383	19,315	22,598	28,522
Outpatients Only	13,865	14,899	18,633	24,440
Admissions, Transfers, Accidents, etc.	4,518	4,416	3,965	4,082
Mileage	124,616	118,515	153,790	161,888

TABLE X

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar	Apl.	May	June	Jly.	Aug	Sep.	Oct.	Nov.	Dec.	Total
Patients Carried	3	2	3	—	—	3	2	5	—	2	3	—	23
Mileage	332	282	324	—	—	266	196	836	—	213	232	—	2,681

Domestic Help Service.

The slight fall in demand in this service was probably related to the new assessment procedure, but comparing the three years from 1952 it probably represents the gradual growth in demand on this service. The cost to the Authority was brought into line with 1952 and the 1953 rise in the cost was reversed.

This service is undoubtedly well worth the money spent on it even only if measured by the number of cases of infirmity thereby maintained at home instead of in an old folks home or chronic sick hospital bed.

TABLE XI
Domestic Help Cases 1952-1954.

	1952		1953		1954	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Maternity	36	22	22	24	9	24
Acute Illness	2	27	3	74	5	65
Chronic Illness or Infirmity	1	183	1	231	2	217
Presence of Young Children	1	4	—	2	—	3
Tuberculosis	—	14	—	13	—	7
Totals ...	40	250	26	344	16	316
Total cases ...	290		370		332	

		1952	1953	1954
Hours worked : Full-time	...	1,639	1,947	1,958
Part-time	...	28,735	37,675	31,852

These figures cover the Financial Year 1st April to 31st March }
 Cost Incurred : £4,240 £5,350 £5,039
 Cost Recovered : £593 £661 £1,270

Health Education.

The Health Visitors have concentrated their attention on methods of health education through home visits and at clinics. The material available has been improved and each health visitor has been encouraged to develop health education along the lines found by her to be most acceptable to the mothers. This recognises that each individual has a particular method of projecting views and transmitting advice. For instance, one health visitor has started an evening discussion group. Others are especially good at instructive displays, talks or flannelgraphs. So long as fresh ideas, up-to-date material, interest and encouragement are supplied to the staff our health education in all sections will be progressive and valuable.

Mental Health.

(a) STAFF.

The only members of the Mental Health Service employed full-time on mental health are the Supervisor and Assistant Supervisor of the Occupation Centre.

The Medical Officer of Health is approved by the Council for the certification of mental defectives. There are four Duly Authorised Officers, two are regarded as senior and are qualified by experience in the duties which they have fulfilled before or since 1948, and two are regarded as Assistant Duly Authorised Officers and provide cover after office hours and at weekends.

Visits to mental defectives under supervision are carried out by Psychiatric Social Workers from the Child Guidance Clinic.

(b) ACTION ON CASES UNDER THE LUNACY AND MENTAL TREATMENT ACTS.

During the year Duly Authorised Officers investigated 32 cases of mental illness.

Thirteen cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 2 cases were admitted as Temporary patients under Section 5 of the Mental Treatment Act, 1930, Duly Authorised Officers acting on behalf of relatives in both cases. Seven other patients were admitted on Urgency Orders made under Section 11 of the Lunacy Act 1890 and 38 other patients were admitted as Voluntary patients and 1 patient was admitted under the Criminal Justices Act, 1948.

Ten other investigations were carried out but in 3 cases the magistrate refused to make an order; in one case admission to a general hospital was arranged; in 3 other cases there was insufficient medical evidence to make an order. In the 3 remaining cases referral to the family doctor was the only action thought to be necessary.

(c) ACTION ON CASES UNDER THE MENTAL DEFICIENCY ACTS.

A				
Cases under Guardianship (under order)	...	...	...	3
Cases under Statutory Supervision (excluding cases on licence)	...	...	...	25
Cases under Friendly Supervision	...	...	...	8
Cases under Voluntary Supervision	...	...	...	17
Cases awaiting admission to Institutions	...	...	...	4

B				
Cases in attendance at the Occupation Centre (Canterbury only)	...	...	...	10

C				
Cases admitted to Institutions during the year	...	...	...	3
Cases reported by the Local Education Authority (Section 57, Education Act, 1944)	...	...	...	7
Total cases ascertained during the year as subject to be dealt with	...	...	...	8
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later	...	...	...	—

D				
Cases "subject to be dealt with" placed under Statutory Supervision	...	...	...	6
Transferred from other areas "subject to be dealt with" and placed under Statutory Supervision	...	...	...	1
Cases "not subject to be dealt with" placed under Voluntary Supervision	...	...	...	3
Cases Removed from Supervision	...	...	...	1
Deaths of Mental Defectives under Supervision	...	...	...	—
Transport of Patients—				
Use of Ambulance vehicles by Duly Authorised Officers	...	...	...	24

(d) OCCUPATION CENTRE.

This continued in its unsatisfactory premises. Further attempts to forward the capital project for a new building continued but were unsuccessful and at the time of preparing this report a scheme to use an empty portion of the Woodville Homes as an Occupation Centre goes forward.

The ages of cases in attendance at the end of 1954 were :—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	4	3	1	2	10
Kent County Council	1	6	—	2	9
Total ..	5	9	1	4	19

(e) CARE AND AFTER CARE.

The usual practice in this area is for Duly Authorised Officers to give initial advice after the removal of a patient to hospital, on the management of the patient's affairs and the custody of the patient's property. Thereafter the patient's affairs are dealt with by one of the Psychiatric Social Workers of the Hospital. On discharge after-care is undertaken by the Health Visitors in liaison with the Hospital Psychiatric Social Worker. This is effected by passing notice of discharge to the Health Visitor who discusses the case with the Psychiatric Social Worker before visiting. In some instances it is found better for after care to be provided solely by the Psychiatric Social Workers of the Hospital.

There is a continuous flow of small or difficult problems amongst the mental defectives which are identified by the mental health visitors, health visitors or clinic medical officers. We usually succeed in co-ordinating information and action, not only within the local health authority channels but with the family doctor and the general hospital service specialists who are usually involved somehow.

Two recent cases show a new approach. These were adolescents who had been tolerated as very backward children at school but had not been referred under Section 57 (5) of the Education Act, 1944. As they could not hold down any job the parents in each case approached the Health Department for help. Both cases were found to be high grade defectives and are now attending the Occupation Centre.

WORK IN THE COMMUNITY.

No one case is typical of this work, but the following case illustrates the trouble taken over one case.

There was a gentlewoman, the surviving member of a family who had given many years of voluntary service in the community. The private income and small capital which had met past needs had dwindled away, and likewise her ability and inclination to maintain herself up to earlier standards. From 1951 onwards the case was under observation. The National Assistance Board gave help. Municipal charities helped. Discreet action by the Sanitary Inspectors helped, and voluntary services sought to help. The department was also in touch with the family doctor and family solicitors. Home Help Service was refused. It was realised that the lady's mental condition was deteriorating as were her personal habits and her ability to maintain herself. Progress was an undulation of deterioration, help, improvement and further deterioration. She was sly to accept help when at her worst but refused any regular help. Needless to say there was a determined attachment to domestic pets, and a careless disregard towards their cleanly care. This and the deterioration in personal habits became a source of discomfort to other occupants of the building. A relative of a younger generation was found, but her help was also resisted.

The Duly Authorised Officer was asked to proceed, and arranged for her to be examined by a general practitioner experienced in geriatrics. Although general enfeeblement and

senile inadequacy was present, there was insufficient evidence of mental disorder to warrant certification.

Eventually her effect on the comfort of others made it necessary to seek an order under Section 47 of the National Assistance Act for her removal into care. The Magistrates heard the evidence of the Medical Officer of Health, with the case attending to give her own history, and granted an order and one subsequent extension of the order. She was admitted to a Chronic Sick unit and later to a nursing home run by the voluntary organisation for which her family had done good work.

This one case was the subject of four years action and several meetings to ensure co-ordinated action.

Circular 78/50.

Co-ordinating Officer for cases of children neglected or ill in their own homes.

This function is carried out by the medical officer of health and a number of meetings were held during the year to bring officers together to discuss such cases.

Four cases were the subject of concerted action and a total of six cases are under periodic review.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1954

Public Health Department,
Dane John

Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1954.

Although the year has been a busy one, there is nothing spectacular to report. This is as it should be, because most of the work of the sanitary inspectors is of a preventive or negative nature, such as securing the repairs to houses, when no report is made unless the owner defaults in carrying out the work. A lot of time has been spent on carrying out the survey required by the Housing Repairs and Rents Act, 1954, and this will be reported upon in 1955. Also, over 300 houses have been inspected to collect information in case it is decided to proceed with clearance areas.

The inspection of meat takes up nearly half of all the inspectors' time, and here again all I can supply is a list of the animals found to be infected with certain diseases, which may at first appear to be rather dull reading. Nevertheless, it shows that your inspectors' vigilance was worth while in that it prevented 99 tons of unfit meat being eaten and perhaps passing on disease to human beings. Such meat is converted instead into inedible fat and artificial manure.

Many improvements have been brought about in catering and other food premises, and it would be gratifying to be able to say that this prevented so many cases of illness, but this is clearly impossible. Although many of the public have very little knowledge of the activity which goes on in the attempt to prevent ill-health, they would, however, soon complain if these activities ceased and preventable illness occurred in their families.

I have come to the conclusion that as the public become more appreciative of public health work, they will expect and eventually demand more intensive work on the measures to provide better housing, safe food and clean air.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Sanitary Inspector.

General Statistics.

Complaints received and investigated	...	...	...	...	...	472
Visits regarding :						
Housing—						
Structural defects	...	...	...	...	...	1,422
Drainage defects	...	...	...	...	...	355
Drains tested	...	...	...	...	...	63
Housing survey	...	...	...	...	...	1,007
Council houses inspected	...	...	...	...	...	569
Provision of dustbins	...	...	...	...	...	226
Verminous rooms	...	...	...	...	...	66
Food premises—						
Abattoir	...	...	...	...	...	1,163
Food shops	...	...	...	...	...	375
Food inspection	...	...	...	...	...	147
Bakehouses	...	...	...	...	...	39
Dairies	...	...	...	...	...	122
Restaurants	...	...	...	...	...	132
Fish fryers	...	...	...	...	...	12
Food sampling	...	...	...	...	...	380
Public houses	...	...	...	...	...	109
Others—						
Infectious diseases	...	...	...	...	...	71
Keeping of animals	...	...	...	...	...	6
Marine stores	...	...	...	...	...	4
Rat and mice infestation	...	...	...	...	...	1,371
Factories	...	...	...	...	...	83
Fertilisers and feeding stuffs	...	...	...	...	...	11
Miscellaneous	...	...	...	...	...	555
Defects remedied :						
Housing—						
Dampness	...	...	...	...	...	88
Drainage	...	...	...	...	...	241
Ventilation	...	...	...	...	...	23
Other structural items	...	...	...	...	...	157
Houses disinfected	...	...	...	...	...	29
Dustbins	...	...	...	...	...	170
Food premises	...	...	...	...	...	18
Factories	...	...	...	...	...	8
Notices served :						
Informally—						
Houses	...	...	...	...	...	101
Food premises	...	...	...	...	...	38
Factories	...	...	...	...	...	8
Formally after a report to City Council—						
Houses	...	...	...	...	...	11
Prosecutions	...	...	...	...	...	—
Official warnings by City Council	...	...	...	...	...	3

Housing Acts.

Number of New Houses erected during 1954 :—

(1) Permanent new houses erected by the Council ...	128
(2) New houses erected by private enterprise ...	67
	<hr/>
Houses demolished	195
	<hr/>
Net increase in number of houses	5
	<hr/>
	190
	<hr/>

1. Inspection of Dwelling-houses during the year :

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,233
(b) Number of Inspections made for the purpose	2,429
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	332
(b) Number of Inspections made for the purpose	332
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	10
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	116

2. Remedy of Defects during year Without Service of Formal Notices :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officer	116
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3. Action Under Statutory Powers during the year :

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling-houses which were rendered after service of formal notices :—	
(a) By Owners	1
(b) By Local Authority in default of Owners	—

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	11
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	11
(b) By Local Authority in default of Owners	—

C.—Proceedings under Section 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	5
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	5
(3) No. of houses closed in pursuance of an undertaking given by the owners under Section 11 ...	8
(4) Closing Orders made under Local Government (Miscellaneous Provisions) Act, 1953	2

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
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Housing Repairs and Rents Act, 1954.

There is no evidence that the owners have availed themselves of the permission given to increase rents except in one or two instances and at the end of 1954 no applications had been received from tenants for Disrepair Certificates.

Water Supply.

The Canterbury and District Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except four houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of Chlorine is given, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

Nine samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli presumptive were absent in 100 ccs.

There is no plumbo solvent action and the water is free from contamination.

The 4 houses without a piped supply from the town's mains use well water and the supply to 2 of the houses continued to be satisfactory. A well supplying the other 2 houses, which for many years had given a good supply of potable water, became turbid and possessed a pungent odour. The water was obviously unfit. Fortunately one of the houses with a satisfactory well is close by and temporary arrangements were made for the tenants to obtain water from this source. A project to extend the public main some 200 yards away to provide a supply to these houses was under consideration at the end of the year.

Inspection of Food.

The Government Abattoir which opened in February, 1953, continued to distribute meats to a wide area and when the Ministry of Food ceased to be responsible for the slaughter of animals, the City Council took over the management of the Abattoir and consequently there was no break in the production of meat.

As in the past, the Sanitary Inspectors inspect every animal at the time of slaughter and although this frequently means working much longer hours than "office hours," there is the satisfaction of knowing that every carcase and its offal has been inspected and only the meat which is free from disease and wholesome is released for sale.

The following carcases were found to be diseased and destroyed :—

2 Sheep—pyrexia	...	...	...	184 lbs.
2 Sheep—acute hepatitis, cirrhosis and associated pathological emaciation	...	...	...	155 lbs.
1 Pig—generalised tuberculosis	...	...	...	263 lbs.
17 Cows—generalised tuberculosis	...	...	...	12,422 lbs.
34 Other bovine carcases were found to be affected with generalised tuberculosis	...	...	...	23,476 lbs.
1 Steer—pathological emaciation and pyrexia	...	...	...	622 lbs.
1 Steer—peritonitis and pyrexia	...	...	...	973 lbs.
2 Bovines—multiple tumours, Johnes disease, dropsy, peritonitis and pathological emaciation	...	...	...	900 lbs.
2 Bovines—Johnes disease, oedema and emaciation	...	...	...	687 lbs.
1 Cow—acute septic mastitis	...	...	...	762 lbs.
1 Cow—acute septic pericarditis	...	...	...	471 lbs.
1 Cow—generalised oedema and emaciation	...	...	...	502 lbs.
1 Cow—extensive and severe bruising	...	...	...	513 lbs.
3 Cows—Johnes disease and pathological emaciation	...	...	...	1,395 lbs.
1 Heifer—peritonitis associated with multiple abscesses	...	...	...	620 lbs.
8 Sheep and offal were found to be emaciated and affected with oedema	...	...	...	305 lbs.
1 Sheep and offal—multiple abscesses and pleural pneumonia and emaciation	...	...	...	40 lbs.
1 Sheep and offal—septicaemia associated with liver tumour	...	...	...	108 lbs.
1 Sheep and offal—uraemia	...	...	...	50 lbs.
1 Sheep and offal was moribund	...	...	...	81 lbs.
6 Sheep—pyrexia, oedema and pathological emaciation	...	...	...	414 lbs.
4 Sheep—pyrexia, acute peritonitis, septic metritis, oedema and emaciation	...	...	...	286 lbs.
2 Sheep—emaciation, septicaemia and pyrexia...	...	...	...	155 lbs.

3 Sheep—dropsy, septicaemia and septic matritis	291 lbs.
1 Sheep—acute emaciation, strongyli and distoma	80 lbs.
2 Sheep—multiple abscesses, fever and emaciation	91 lbs.
1 Pig—pneumonia and septicaemia	87 lbs.
1 Pig pleurisy, peritonitis and septicaemia ...	112 lbs.
1 Pig which died in lairage, was found to be affected with pneumonia, pericarditis and enteritis	110 lbs.
3 Pigs—acute swine erysipelas	614 lbs.
1 Pig—multiple abscesses	103 lbs.
1 Pig—acute peritonitis and enteritis	98 lbs.
1 Pig was found dead on arrival	100 lbs.
2 Pigs—pleurisy, peritonitis, pericarditis and pathological emaciation	172 lbs.
2 Pigs—jaundice, generalised oedema associated with pneumonia	181 lbs.
2 Pigs were moribund and found to have evidence of suffocation and gangrenous pneumonia...	311 lbs.
1 Pig—septicaemia accompanied with hernia and peritonitis	179 lbs.
2 Pigs—multiple abscesses including spinal cord and emaciation	172 lbs.
2 Pigs were moribund and found to be affected with septicaemia	315 lbs.
4 Pigs—pyrexia, oedema and malnutrition ...	94 lbs.
1 Sow—pyrexia	350 lbs.
1 Sow—septicaemia	419 lbs.
1 Sow—septic peritonitis and metritis	393 lbs.
1 Boar—extensive mange and enteritis	675 lbs.
1 Calf—general oedema	60 lbs.
3 Calves surrendered on account of immaturity...	132 lbs.
148 Bovine carcasses were found to be affected with localised cysticercus bovis. The affected offal was condemned and the remainder of the carcasses were frozen for 3 weeks before being released for sale	2,948 lbs.
Parts of carcasses and offal found to be unfit on account of :—	
Tuberculosis	62,564 lbs.
Distomatosis	42,824½ lbs.
Cirrhosis	4,776 lbs.
Abscesses	10,550¾ lbs.
Pneumonia, pleurisy and peritonitis...	16,338½ lbs.
Actinomycosis	3,474 lbs.
Parasitic other than C. bovis	925 lbs.
Miscellaneous conditions :—	
Cavernous angioma, oedema and bruising	26,018¼ lbs.

The total weight of meat and offal found to be diseased—
221,203 lbs.

The meat and other food found to be unsound on inspection in food shops amounted to 9,964 lbs. :—

Meat	...	...	...	...	1,645½ lbs.
Canned Meat	...	...	...	...	1,842 lbs.
Canned Fish	...	...	...	...	46½ lbs.
Fish	...	...	...	...	126 lbs.
Other Canned Foods, etc.	...	...	...	...	6,304 lbs.

In July, when the Council took over the control of the Abattoir, arrangements were made with a local firm for them to sterilise all the unsound meat. None of this is released for sale for human consumption; on the other hand nothing is wasted as the meat, etc., is converted into fertilisers and fats for inedible purposes.

It is with regret that I report no improvement in the transport of meat from the Abattoir and meat distribution depots in the City. The carcasses of mutton, pork, veal and beef hindquarters of all except the very large beasts are hung in the vans, but the forequarters are still stacked on the floor of the van. Efforts are still being made to have this altered and it is realised that the satisfactory solution is to use a different type of van if the possible danger to employees handling heavy carcasses and the real risk of contamination of meat is to be avoided.

Applications were received from two owners for licences for them to use their private slaughterhouses. The Council refused the licences on the grounds that the premises were not suitable for use as slaughter houses and that it was not reasonably practicable to render the premises suitable. Both owners appealed against this decision, but the Court dismissed the appeals.

	Cattle excluding			Sheep and	
	Cows	Cows	Calves	Lambs	Pigs
Number killed	11,129	1,934	759	24,225	14,249
Number Inspected	11,129	1,934	759	24,225	14,249
All Diseases Except T.B.					
Whole carcasses condemned	7	7	4	34	30
Carcasses of which some part or organ was condemned	5,247	1,001	12	2,794	3,542
Percentage of the number in- spected affected with disease other than T.B.	47.2	52.1	2.1	11.6	25.0
T.B. Only.					
Whole carcasses condemned	34	17	0	0	1
Carcasses of which some part or organ was condemned	965	449	0	6	574
Percentage of the number in- spected affected with T.B.	8.9	24.0	0	0	4.0

Food Hygiene.

In addition to the many shops selling grocery commodities there are 18 bakehouses, 32 butchers' shops, 7 fish fryers, 7 fish shops and 77 restaurant kitchens; and as much time as possible is spent by the sanitary inspectors in visiting these premises. Seven

premises are registered for sausage making and 3 for ham boiling.

Most of the proprietors realise their responsibility to the customers in the clean handling of food, but there are some instances where it is hard uphill work trying to effect improvement. It is still felt that the way to achieve this, is to make frequent inspections and to take the health information to the staffs, including managers, in the places of employment. If enquiries at any time reveal any desire on the part of food handlers to have class meetings of instruction, the Inspectors would be pleased to assist in any way.

Four complaints were received regarding the quality of food :—

1. Pork pie containing suspected mouse droppings. Examination did not confirm presence of mouse droppings.
2. Lemon soles with an odour resembling ammonia and phenol disinfectant. Fish found to be badly stale. Vendor cautioned.
3. Open packed boiled ham which purchaser suspected was undergoing decomposition. Examination revealed no signs of decomposition and the flavour to be due to the nature of curing and ripening process in the ham.
4. A pint bottle of milk containing a ½in. layer of concrete. Dairyman warned by Council.

Food Supplies.

Sampling.

The late Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., was our Public Analyst throughout the year.

Sixty-two formal samples and 73 informal samples were submitted for chemical analysis.

Article	No. of samples		Number genuine	Sample No. adversely reported upon
	Formal	Informal		
*Milk	29	6	35	—
*Channel Island Milk ...	10	—	10	—
*Sausage	15	1	16	—
*Mineral Waters and Fruit Squashes	—	29	29	—
*Ice and Fruit Lollies ...	—	6	6	—
*Cream	2	—	2	—
Cough Syrup	—	2	2	—
Dripping	—	2	2	—
*Ice Cream	—	5	5	—
Currants	—	4	4	—
Dried Figs	—	4	2	1,031 & 1,056
Pepper	6	—	6	—
Essence of Cinnamon ...	—	1	—	1,094

and one each of the following which were all genuine: aspirin tablets, ground cinnamon, table jelly, vinegars, *evaporated milk, *canned ham, tomatoes, *dressed crab, *" Nuttolene," *marmalade, *dried milk, *lemon juice, and lemonade powder.

Remarks.

Samples No. 1031 and 1056—

Dried figs, dirty and evidence of mould. Stocks sold out before follow-up samples could be obtained. Letters to head office of firm concerned and to Ministry of Food.

Sample No. 1094—

Essence of cinnamon. The Analyst reported that the claims for therapeutic effect were exaggerated, but after enquiries I was advised that it did not appear that any statutory action could be taken.

The average composition of the 35 samples of milk (excepting the Channel Island milk) was 3.7% fat and 8.76% solids not fat.

One sample of milk was low in solids-not-fat. The milk was given in this condition by the cows and, although inferior, it had to be classed as genuine. The facts were reported to the Milk Advisory Officer of the Ministry of Agriculture for his investigation.

Public Health (Preservative in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations and in no case was there any contravention.

Milk.

There are 10 milk retailers in the City. Eight of the retailers sell only tuberculin tested and pasteurised milk, the other 2 sell non-graded milk. Twenty-one grocers' shops are registered for the sale of sterilised milk in bottles.

Eleven samples of non-graded milk obtained during delivery were tested for keeping quality and 10 were satisfactory. Nine samples of tuberculin tested milk were also checked for keeping quality and 7 were satisfactory. Information regarding the unsatisfactory samples was sent to the Ministry of Agriculture Milk Production Officer.

Twenty-two samples of milk (11 ungraded milk, 8 tuberculin tested and 3 pasteurised) were obtained for biological examination. The County Pathologist reported all the samples to be free from tubercule bacilli and Brucella abortus.

Three firms (2 with holder type plants and 1 with a H.T.S.T. plant) are licensed by the City Council to pasteurise milk and during the year 144 samples of pasteurised milk were sent to the City Analyst with the following results :—

		Phosphatase	Methylene blue test
No. of satisfactory samples	...	81	61
No. of unsatisfactory samples	...	—	2

Both unsatisfactory samples came from one plant.

(The phosphatase test is to determine effective pasteurisation and the methylene test is to check keeping quality).

It is particularly pleasing to be able to mention that the samples from one firm for the fifth year running (188 samples in all) were satisfactory.

Milk in Schools Scheme.

All the Milk sent to schools has been pasteurised and the 25 samples obtained satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above :—

To bottle tuberculin tested milk ...	...	3
To pasteurise milk ...	...	3
To deal in tuberculin tested milk	...	3
To deal in pasteurised milk	...	2
Supplementary licence to retail tuberculin tested (Certified) milk	...	1

Ice Cream.

There are 5 premises registered for the manufacture and sale of ice cream and 126 for the sale of ice cream. Of the 126, 107 sell nothing but the prepacked variety.

Twelve applications were received for the registration of premises for the sale of ice cream. Eleven were registered and one relating to the proposed sale of ice cream from a fish and poulterer's shop was refused.

Fifty-three samples submitted to the methylene blue test were classified as follows :—

1954	1953	1952	1951	1950	1949
Grade 1—48 ...	47	49	54	36	29
Grade 2— 4 ...	8	10	8	17	23
Grade 3— 0 ...	4	3	4	17	19
Grade 4— 1 ...	—	1	—	3	11

The Grade 4 sample was from ice cream made in another area but sold in a shop in the City. Strong protests were made to the manufacturers and the local authority concerned, and the supply from this source stopped.

It will be noticed that the results over a 6-year period show a steady improvement in the cleanliness of ice cream.

Five samples were also sent for chemical analysis and the fat content ranged between 5.1% and 7.3% and the solid-not-fat between 22.2% and 34.5%. All the samples were above the minimum standard.

FACTORIES ACT, 1937

1. Inspections.

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	63	8	1	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	121	75	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises	—	—	—	—
TOTAL	184	83	8	—

2. Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	6	6	—	1	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	2	2	1	1	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	7	7	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—	—
TOTAL	16	16	1	5	—

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

Complaints were received from 182 persons, 138 were in respect of infestation in private houses and 44 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 96 additional infestations were discovered.

Maintenance treatments of the sewers were carried out in March and September. Attention was concentrated on areas previously infested and 94 manholes in other parts of the City were baited. Altogether only 14 manholes appeared to be infested mainly in a small degree.

The operators, who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out:—

Visits to houses	...	...	...	...	1,167
Visits to other premises	...	...	...	...	204
No. of premises cleared:—					

Rats.

Houses	...	...	...	...	156
Business premises	...	...	...	...	23

Mice.

Houses	...	...	...	...	77
Business premises	...	...	...	...	22

No charge is made for rodent extermination in house property, but the Ministry of Agriculture insists that a charge for work done in business premises based on time spent and cost of materials, is made to the occupier.

Fertilisers and Feeding Stuffs Act, 1926.

The following samples were obtained for analysis by the Public Analyst and Official Agricultural Chemist.

Two samples of winter layers mash, and 1 each of the following:—winter growers pellets, sow and weaners meal, poultry grain balancer mash, pig fattening meal, chick mash, hen battery deep litter mash and intensive balancer mash. All were satisfactory except the intensive balancer mash, which was deficient in albumin, 16% against 19.5% declared at time of sale. The vendor was cautioned by the Council.

One sample of shoddy was obtained at the request of a farmer. The appropriate fee was collected and copies of analysis supplied.

Rag Flock and other Filling Materials Act, 1951.

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of

customers' own articles, and the filling materials used for this work are not now subject to control. No samples were taken in 1953.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental of 5/- per year was continued and at the end of 1954, 1,519 bins had been supplied.

Verminous Houses.

Seven Council houses and 19 other houses were found to be verminous and were disinfested by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses was continued and

- (a) the furniture and effects of every prospective tenant are inspected before the keys for the house are handed out, and
- (b) before occupation commences every Council house, old or new, is given a precautionary spraying with insecticide in order to kill any vermin missed in the survey.

In 1954 precautionary spraying was done in 256 cases. Eight verminous houses were discovered during the survey and in these cases the contents of the houses were fumigated by the Department before the tenants were allowed to move into the new houses.

More requests are received each year for help in destroying wasp nests in houses and in 1954, 30 were destroyed.

Infectious Diseases, etc.

Twenty-nine houses were fumigated on account of tuberculosis and other diseases.

Knackers Yard.

One building is licensed by the Council for this purpose. Only a very small trade is carried on and visits have shown the business to be conducted in a satisfactory manner and the building to be kept in a clean condition.

The animals are slaughtered in a humane manner and the proprietor disposes of the meat uncooked for cat and dog food.

Contagious Diseases of Animals Acts.

A case of anthrax was confirmed in a cow which died on a farm. The body was burnt and the premises disinfected by the Health Department staff in accordance with the regulations relating to this dangerous disease.

PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1954

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the work of the School Health Service in the City of Canterbury during 1954. If these dull figures could speak they would tell of the warm interest in the health and well-being of the children passing through the City schools, which is the attitude of every member of my staff. We seek to yield a healthy happy band of children and to assist the teachers to create in them the enjoyment of learning. It is acknowledged that we have but a part to play, and that the family doctor, and the hospital service, contribute their parts. It is also acknowledged that the health of the school entrant is influenced by the care of the expectant mother, and of the pre-school child. But if by a careful routine of periodic examination and frequent inspection, enhanced by the teacher's observation, we correct defects of health in their earliest stages, we send into adult life healthy mothers and fathers of the next generation of school entrants. Thus the harvest of healthy children is not only the result of present care but also the reward for the good husbandry of our predecessors. The stress that now threatens further progress is that of modern existence on the mental health. In the health services we can only provide a first aid or curative service for the effects of such stress. Its prevention is a subject for wider action.

Your obedient servant,

MALCOLM S. HARVEY.

School Health Service.

General Information.

Number of School Departments :

Primary	...	...	...	...	...	...	...	12
Secondary	...	...	...	...	...	...	...	3

Number of Scholars on Roll at end of 1954 :

Primary	...	...	...	...	...	...	...	3,717
Secondary	...	...	...	...	...	...	...	831

4,548

Staffing.

The routine medical supervision is carried out by Dr. Blakeney and myself, with the Health Visitors serving also as School Nurses to schools in their districts, and Mrs. Jones who succeeded the late Miss Troy serving as School Nurse to some of the secondary schools and as Clinic and Special Clinics Nurse.

The office of school dentist was raised to the status of Principal Dental Officer in accordance with Ministry of Education advice and in recognition of the responsibility attached to the post.

Mr. Alwyn Pryor was appointed to the vacant post, and pending his arrival Mr. Peter Bradley gave us excellent part-time service, proving most popular with the children. Mrs. Greenstreet filled the vacancy as Dental attendant arising from Miss Moat's departure to work in the mission field in India.

In the Child Guidance Clinic we were very sorry to lose Dr. Whatley as Medical Director and Psychiatrist, but welcome Dr. E. Huband appointed by the Regional Hospital Board as her successor. Miss Harnett, Psychotherapist and Miss Ini, Psychiatric Social Worker also left us, the latter to do field work within the World Health Organisation.

Premises.

The School Clinic was improved a little more by rebuilding and improving the dental recovery room and installing a hot water system throughout the clinic. The May Hooker Memorial Clinic now houses the Child Guidance Clinic, the Lip Reading Class and a district Child Welfare Clinic. It has been a great asset having these premises.

Medical Inspection, Supervision and Follow-up.

General Condition.

Altogether 1,530 or 33.64% of pupils were submitted to routine medical examination, of whom 26% were in very good health and nutrition, 70% of average health and nutrition and 4% in poor health and nutrition.

Cleanliness.

Nurses Inspections were carried out in all Primary and some Secondary Schools at the beginning of each term. This examination takes in clothing, cleanliness of person, hygiene of mouth, etc., presence of skin conditions or minor ailments, and irregularities of general development. In the matter of cleanliness of person one can say that the problem of infestation arising from within this community, and not from contact of this community with other sources through holidays, hop-picking, or travel, is a problem centred round a limited number of families. In those families the hot war of clearance goes on intermittently; for the rest the cold war of eradication is a passing unfortunate event, accepted with gratitude for the keen observation of the school nurse. 193 children were the subject of advice to parents on infestation or evidence of recent infestation. There was no resort to legal action.

Skins.

Scabies and ringworm undoubtedly occur but are now rarely diagnosed through school inspection. They come under earlier treatment by the family doctor through the national health service than was the case previous to the national health service, and thus do not fall to the school health service. Nevertheless 32 cases of skin conditions requiring treatment were identified

through Routine or Special Medical Inspections and another 65 cases were brought under observation. Five cases of impetigo and 160 cases of other skin conditions (sepsis, acne, etc.) were under treatment at the Minor Ailments Clinic during the year.

Vision.

We continue to benefit from the services of Mr. O'Neill, Consultant Ophthalmologist, who holds a special eye clinic for our school children fortnightly.

The following tabulation shows the findings at medical or special inspections. The school entrant is not given the Snellen type vision tests but on other indications is tested on an appropriate picture chart. The School Nurses do check tests at age 7 and at age 13 in addition to the check at periodic medical examination.

Found at Routine Medical Inspections :—

Number of children tested	... ..	852
Number found to be suffering from Visual Defect	... ..	74
Number found to be suffering from Squint	... ..	17
Number found to be suffering from Other Defects	... ..	11

Found at Special Inspection :—

Number of children found with Visual Defects	... ..	134
Number of children found with Squint	... ..	6
Number of children found with Other Defects	... ..	4

Visual Defects treated by Ophthalmic Surgeon (Vision Squint, etc.) :—

Total cases of Visual Defect treated or under observation	... ..	149
Spectacles prescribed or already wearing glasses	... ..	119
Operations for Squint	... ..	2

Children with squint are given eye exercises at the Orthoptic Clinic at the Kent and Canterbury Hospital as directed by the consultant. The number of children wearing glasses or having them prescribed has fallen to 119. Only 53 required spectacles for the first time, or new lenses fitted. Male school leavers are given a colour vision test.

Defects of Nose and Throat.

Such defects were identified in 181 pupils at periodic medical examinations and in 93 at special inspections. Thirty-one of the former and 24 of the latter required some treatment. Twenty-one cases were referred for specialist advice of whom 15 had operative treatment, 2 had other treatment and 4 required no treatment.

Defects of Hearing and Ear Disease.

Seventy-two cases of hearing defect and 21 cases of middle ear disease were identified at routine examinations; 9 of the former and 2 of the latter called for treatment. Nine cases of other ear disease were found, 1 requiring treatment.

Tuberculosis.

The Health Committee has submitted a scheme for B.C.G. Vaccination in 13 year old school children, and this scheme has

now been approved and will be put into effect during the Summer Term of 1955.

Minor Ailments.

Concern has been felt during these early years of the national health service at the decline in the use of the minor ailments clinic. It was thought that parents were considering that attendance at the family doctor's surgery and home treatment of the child's minor ailments was ideal. There was reason to suspect that with the decline in the use of the clinic there was a rise in the loss of child-hours of school attendance through minor ailments. Therefore the opportunity was taken to plan Mrs. Jones' duties at the School Clinic to provide a wider service, and to call the attention of the family doctors and the head teachers to the benefit in school attendance which would come from facilities for a child to have dressings during school hours, or on the way to and from school. This arrangement is similar to that which holds for factory workers and "keeps the worker on his job," with, we hope, a reduction in the absentee rate.

The attendance rate recovered lost ground and 3,286 attendances were made at the clinic compared to 1,840 in 1953.

Ultra Violet Light Clinic.

This clinic was moved from the Central Clinic, Stour Street, to the School Clinic, for ease of staffing and supervision. Fifty sessions were held and 24 children made 268 attendances. Only 1 pre-school child was treated.

Diphtheria Immunisation.

Only one special booster session was run for 38 children, the others having been brought into the Child Welfare Clinic service, now that immunisation is provided at every child welfare clinic and the health visitors are also school nurses. The figures for diphtheria immunisation are given in my report as medical officer of health.

Handicapped Pupils.

The following table shows the position at the end of 1954. The want of a day school for educationally sub-normal children in the district presents me, as ascertaining officer, with a recurring worry. Such backward children are essentially less socially independent and so less suitable for separation from home life and admission to a residential school than their more talented contemporaries. Yet without a day special school their educational need can only be met by denying them their social need of continuing home ties. The schools are doing a good job through "tutoring classes," but there are those pupils for whom more specialised methods are the only answer and for whom a special school is necessary.

	On Register		Newly Ascer- tained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	2	—	—	—	—	1
Deaf	1	1	—	1	—	—
Delicate	1	5	5	1	3	2
Epileptic	1	—	—	1	—	—
Physically Handicapped ..	6	3	1	4	—	2
Maladjusted	8	4	1	4	1	1
Educationally Sub-normal	18	8	5	3	—	4

Three children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable.

Speech Therapy.

Miss Joan Pollitt, County Speech Therapist, has kindly supplied the following report on Canterbury children in attendance at the Whitstable Road County Clinic.

“ During 1954, 47 Canterbury City cases have been dealt with at the Speech Therapy Clinic held at 94 Whitstable Road. Twenty-two of these cases have been closed during the year and 25 will continue to attend at the clinic into 1955.

Table I below shows the reason for closing the 22 cases and Table II shows the type of speech abnormality from which the 25 children who will continue to attend at the clinic in 1955 were suffering when first seen at the clinic.

TABLE I.
Cases Closed during 1954

Very satisfactory result	14
Treatment incomplete—in all 3 cases there was some improvement. In 2 cases appointments lapsed and there was no response to attempts to encourage attendance—in the third case the parent arranged treatment elsewhere	3
Consultation only followed by appropriate recommendations	1
Found to be improved when seen at Clinic	1
Following 2 investigatory interviews, further appointments not kept	1
Appointments offered but not kept—1 case had left the district and in the other case there was no response in regard to appointments offered	2
	—
	22
	—

TABLE II.

Contact with Clinic continuing into 1955

Stammer	...	...	...	...	4
Stammer + dyslalia	...	...	...	...	2
Stammer + sigmatism	...	...	...	...	1
Little, if any, attempt at expression through speech, although hearing, muscular co-ordination, intelligence and speech mechanism normal; together with cases of dyslalia, ranging from unintelligible speech to comparatively slight articulation defects					
	...	...	...	...	10
Nasal sigmatism	...	...	...	...	1
Interdental sigmatism	...	...	...	...	1
Retarded speech development associated with severe mental retardation					
	...	...	...	...	4
Hyper-rhinophonia due to cleft palate	...	...	...	...	1
Hypo-rhinophonia	...	...	...	...	1
					—
					25
					—

Two City cases were awaiting appointments at the Canterbury Clinic at the beginning of 1955."

Lip Reading.

Miss Vines makes the following helpful comment which will be of particular interest to teachers.

" These children suffer from varying losses of hearing.

It is possible for them to hear speech within a limited range and under ideal conditions.

Where there is extraneous noise or a number of people speaking simultaneously this would mask the speech of any one person addressing them.

A roving seat or positions should be provided for them in their classrooms, from which the best visual observation of speech situations can be obtained. They should not face the light or a glare.

Those children who attend regularly are able to obtain the maximum benefit afforded by tuition in lipreading and Hearing Discrimination."

Nine children were in attendance at the class during the year. The class is held at the May Hooker Memorial Clinic on Saturday mornings. There is a complementary adult class in lip reading held in the Technical College, to which these children can go on leaving school, to have further education in a very vital attribute.

Six of the nine children in attendance were County cases.

City County

The ages of the children were Under 7	...	—	—
7-11	...	2	3
11-15	...	1	3

The 3 City children made 63 attendances out of a total

possible of 93. The 6 County children made 87 attendances out of a total possible of 140. At the end of 1954, 7 children were attending or due to start in the next term.

Educational Difficulties and Maladjustment.

The Child Guidance Clinic, on which a report is given in the pages ahead provides a remedial teaching service through the Educational Psychologist, and advises on the special schooling needs of maladjusted children. Use is also made of it by the Juvenile Court.

School Dental Service.

Miss D. Dawe moved to a post in the hospital service and Mr. Peter Bradley was employed to provide a sessional service pending the arrival of Mr. Alvyn Pryor to take up duty as Principal Dental Officer. With the arrival of Mr. Pryor full arrangements for orthodontic care will be possible, and we shall regain the scope of service available prior to Dr. Figdor's retirement.

The School Dental Officer reports below :—

70.07% of the children inspected required Dental Treatment and 35.04% were treated at the School Dental Clinic. This shows a 9.05% fall in children requiring treatment and a 6.09% fall in the children seeking such treatment at the Dental Clinic.

Table of Dental Treatment and Inspection.

(1) Number of children inspected by Dentist :—				
(a) Routine Age Group—Age 3				
	...	...	4	
4	...	...	28	
5	...	...	597	
6	...	...	686	
7	...	...	541	
8	...	...	498	
9	...	...	456	
10	...	...	427	
11	...	...	344	
12	...	...	337	
13	...	...	461	
14	...	...	446	
15	...	...	181	
16	...	...	36	
17	...	...	20	
			5,062	
(b) Specials				
...	...	...	325	
Total Routine and Specials				
...	...	5,387		
(2) Number requiring treatment				
...	...	3,547		
(3) Number actually treated				
...	...	1,035		
(4) Attendances made by children				
...	...	3,163		
(5) Half-days devoted to : Inspection				
	...	28		
Treatment				
...	...	402		
Total				
...	...	430		

(6) Fillings : Permanent Teeth	...	...	...	1,347
Temporary Teeth	...	...	...	217
Total	...	...	...	1,564
(7) Extractions : Permanent Teeth	...	...	...	406
Temporary Teeth	...	...	...	1,011
Total	...	...	...	1,417
(8) Administration of :				
General Anaesthetics for extractions	...	...	...	353
Local Anaesthetics for extractions	...	...	...	470
Total	...	...	...	823
(9) Other treatment (Scalings, Polishings, etc.)	...	...	...	763

These figures show a fall in the percentage of those who accepted treatment through the School Dental Clinic.

Orthodontic Treatment.

Fifteen children are under treatment. Thirteen orthodontic plates were provided and 10 children were provided with partial dentures. At the end of the year we were without an orthodontic service, but the School Dental Officer was keeping current cases under observation.

Employment of Children and Young Persons.

132 children were examined for part-time employment.

Milk and Meals.

At the end of the year, 4,449 children were having milk in school and 3,072 were taking school dinners of whom 278 received the dinners free of charge. This was an increase of 1,265 on the total dinners and 3 in the free meals when compared with 1953.

Tabular Data concerning Medical Inspection and Treatment.

General Details.

No. of inspections in the Prescribed Groups :				School Rolls (End of Winter Term, 1954).	
Entrants	...	...	678	Primary	... 3,717
Second Age Group	..	372		Secondary	... 831
Leavers	...	...	433		
Total				Total	... 4,548
Other Routine Inspections					47
Grand Total					1,530

Others (Special and Re-inspections)—1,472.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants - -	678	192	28.3	455	67.1	31	4.6
Intermediates	372	110	29.6	254	68.3	8	2.1
Leavers - -	433	92	21.3	318	73.4	23	5.3
Others - - -	47	9	19.2	37	78.7	1	2.1
Total - - -	1,530	403	26.3	1,064	69.6	63	4.1

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6).

						No. of Defects Treated or under treatment during the year.
SKIN :						
Ringworm—Scalp :						
(1) X-ray treatment	...	...	...	...	...	—
(2) Other treatment	...	...	...	...	...	—
Ringworm—Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	—
Impetigo	...	...	...	...	...	5
Other skin diseases	...	...	...	...	...	160
EYE DISEASE	...	...	...	...	...	61
(External and other, but excluding errors, refractions, squint and cases admitted to hospital).						
EAR DEFECTS	...	...	...	...	...	27
(Treatment for serious disease of the ear is not recorded here).						
Miscellaneous	...	...	...	...	...	674
Total						927
(b) Total number of attendances at Authority's minor ailments clinics	...	...	...	...	...	3,287

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.
(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with	...	...	149
Other Defects or Diseases of the Eye	...	...	15
No. of children for whom Spectacles were prescribed	...		119

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT

Defects which received operative treatment (through Education Committee arrangement)	...	...	15
Defects which received other forms of treatment	...		2

TABLE S.6.

(1) Average number of visits per school made during 1954 by School Nurses	...	...	7
(2) Home visits made as School Nurses	...	...	31
(3) No. of Individual Children found with nits	...		193
(4) No. of Individual Children cleansed under Section 54 of Education Act, 1944	...	...	4
(5) No. of cases in which legal proceedings were taken	...		—

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT 1954

Comment on the Figures and Staff Changes.

TABLE I—Source of Referral: The increase in the number of cases referred from the Kent County is offset by a drop in the number of cases accepted under the National Health Service. This change in the figures is due to Kent County agreeing to accept responsibility for the treatment of children in their area, although they may be attending independent schools and be referred by the Private Doctor or Consultant.

TABLE II—Problems Referred: The drop in the actual figures for cases referred can be misleading as it does not represent any real reduction in the Clinic work or fall in demand. It is accounted for by the drop in the City cases. In actual fact the number of cases referred by the Kent County has slightly increased.

TABLE III—Disposal of New Cases seen: The cases previously shown under Partial Diagnosis (those where diagnosis was completed without necessarily a full investigation by Psychiatrist, Psychologist and Psychiatric Social Worker) have been distributed according to their disposal as this gives a better indication of the demand they have made on the Clinic.

TABLE IV.—Cases Closed: There has been a big increase in Cases Closed, as there is a tendency for the Staff, before they leave, to complete their outstanding work.

WAITING LISTS: Over a year as a whole, the waiting lists have remained fairly constant, representing approximately three months' delay in diagnosis, and approximately the same period before cases can then be taken on for treatment.

STAFF CHANGES: Miss Ini resigned her appointment as Psychiatric Social Worker, at the end of April, and her sessions were not replaced. Miss Ini's resignation was much regretted by the Staff, and the many families who had come to know her during her 4½ years' devoted work in and around Canterbury.

We were also very sorry to say "good-bye" to Dr. Elizabeth Whatley, the Medical Director of the Clinic, at the end of July. Dr. Whatley had been responsible for the development of the Clinic since it was opened in 1943 and it has owed much to her vision and concern. Dr. J. A. Ainslie, Consultant Psychiatrist, and Deputy Medical Superintendent at St. Augustine's Hospital, who had previously been visiting and assisting Dr. Whatley, became responsible for two sessions a week as Consultant Psychiatrist.

Dr. Whatley's successor as Medical Director, Dr. Elizabeth Huband, commenced her work at the Clinic at the beginning of November, on the basis of four sessions a week.

TABLE C.G.1.
ORIGIN OF REFERRAL.

1954				1953			
	County	City	N.H.S. and Out of Area		County	City	N.H.S. and Out of Area
School Medical Officer	66	24	—	71	13	—	
Private Doctor	69	5	1	45	3	14	
Court or Probation Officer	5	1	—	11	2	3	
Head Teacher or Education Officer	29	4	2	22	71	1	
Parent or Foster Parent	13	1	1	14	2	1	
Other Clinics or Psychiatrists	35	2	—	22	1	6	
Miscellaneous Social Agencies, Infant Wel- fare, etc.	9	—	—	15	1	—	
Educational Psychologist	—	18	—	—	12	—	
	226	55	4	200	105	25	
	285			330			

TABLE C.G.2.
PROBLEMS REFERRED.

1954				1953			
	County	City	N.H.S. and Out of Area		County	City	N.H.S. and Out of Area
Nervous Disorders, etc.	40	4	—	26	11	5	
Habit Disorders	65	11	1	63	4	3	
Behaviour Disorders	85	14	—	77	18	9	
Educational	27	25	3	18	70	5	
Court Cases	1	—	—	10	2	3	
Miscellaneous	8	1	—	6	—	—	
	226	55	4	200	105	25	
	285			330			

TABLE C.G.3.
DISPOSAL OF NEW CASES SEEN.

1954				1953			
	County	City	N.H.S. and Out of Area		County	City	N.H.S. and Out of Area
Diagnosis and Advice	56	28	3	33	11	5	
Diagnosis and Placement	9	1	1	12	—	2	
Taken on for Treatment	18	3	1	44	6	3	
Taken on for Supervision	85	17	4	64	18	5	
Remedial Coaching	3	2	1	4	—	1	
Partial Diagnosis	—	—	—	6	68	1	
Partial Service	29	3	—	21	—	2	
	200	54	10	184	103	19	
	264			306			

CASES CLOSED.

TABLE C.G.4.

1954

1953

I NON-TREATMENT

Diagnosis and Advice
 Diagnosis and Placement
 Withdrawn, including
 non-co-operative
 Moved Away
 Partial Service
 Placed

Total I

II TREATMENT

Adjusted
 Improved
 No Change
 Non-co-operative, includ-
 ing interrupted
 Placed

Total II

Total I and II

TOTAL FOR YEAR

County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
56	28	3	39	13	8
9	1	1	9	2	—
31	5	1	14	5	4
—	—	—	—	—	—
29	3	—	16	—	2
—	—	—	—	—	—
125	37	5	78	20	14
26	10	—	18	2	1
86	26	5	34	10	8
25	2	—	20	1	5
37	10	7	9	—	2
14	—	—	3	3	—
188	48	12	84	16	16
313	85	17	162	36	30
415			228		

WAITING LISTS—

December 31st, 1954

December 31st, 1953

Diagnostic ...

Treatment ...

County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
49	2	—	51	5	7
19	3	—	21	4	3

COMMITTEE MEMBERSHIP

Mayor:

ALDERMAN H. P. DAWTON.

Health Committee:

Chairman: Alderman W. H. CHESSELL.

City Council Members: Alderman A. W. FOWLER. Alderman MRS. E. M. HEWS, C.B.E., Alderman P. BOTTING, Alderman H. P. DAWTON (Mayor), Councillor H. M. KENNY, Councillor W. S. BEAN, Councillor W. THOMAS, Councillor MRS. K. M. ELLIS, Councillor C. A. L. ASH, Councillor MRS. M. A. SHARPE.

Co-opted or Representative Members: MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. L. V. GIMSON, Local Medical Practitioner; MR. J. E. FRENCH, Kent and Canterbury Executive Council; MR. W. A. TERRY, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee:

Chairman: Alderman A. W. FOWLER.

City Councillor Members: Councillor W. S. BEAN, Councillor H. M. KENNY, Councillor MRS. M. A. SHARPE.

Co-opted or Representative Members: DR. L. V. GIMSON.

Sanitary and Licensing Committee:

Chairman: Alderman MRS. E. M. HEWS, C.B.E.

City Council Members: Alderman H. P. DAWTON (Mayor), Alderman A. W. FOWLER, Alderman P. BOTTING, Councillor W. S. BEAN, Councillor J. G. B. STONE, Councillor P. L. WOOD, Councillor E. E. KINGSMAN, Councillor C. A. L. ASH, Alderman W. H. CHESSELL.

Education Committee:

Chairman: Councillor W. H. THOMAS.

City Council Members: Alderman A. W. FOWLER, Sheriff S. H. JENNINGS, O.B.E., Councillor H. M. KENNY, Councillor G. H. G. KENNETT, Councillor T. E. CARLING, Councillor J. R. BARRETT, Councillor MRS. K. M. ELLIS, Councillor REV. C. R. PARE, Councillor P. W. TRUMPER.

Other Staff of Health and School Health Services:

Assistant Medical Officer of Health and Assistant School Medical Officer: MRS. IRENE F. A. BLAKENEY, B.Sc., M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

Dental Surgeon:

MISS D. DAWE, L.D.S., R.C.S. (Eng.).

Chest Physician and Adviser on After Care of Tuberculosis:

O. CLARKE, M.D., M.R.C.S.

Health Visitors:

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS G. M. OTTAWAY, S.R.N., S.C.M. (Retired June, 1954).

MRS. M. L. LEWIS, S.R.N., S.C.M., H.V.Cert. (Resigned July, 1954).

MISS J. M. MACKEN, S.R.N., R.S.C.N., H.V.Cert. (Commenced August, 1954).

MISS J. C. BARBER, S.R.N., S.C.M., Q.A.I.M.N.S., H.V.Cert. (Commenced October, 1954).

Tuberculosis Health Visitor:

MISS E. JOBSON, S.R.N., S.C.M., H.V.Cert.

Clinic Nurse :

MRS. C. V. JONES, S.R.N., S.C.M. (Commenced September, 1954).

School Nurse :

MISS P. TROY, S.R.N., S.C.M. (Died July 1st, 1954).

Midwives :

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

E. L. TEMPLETON, S.C.M.

A. G. WELLS, S.R.N., S.C.M.

District Nurses (Canterbury District Nursing Association) :

I. PHIPPS, S.R.N.

R. B. NICHOLLS, S.R.N., S.C.M.

M. WOOD, S.R.N., S.C.M., R.M.N., R.M.P.A.

H. FISHER, S.R.N.

Occupation Centre :

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health) :

F. FOWLER.

D. PLEDGE.

Mental Health Social Worker (Part-time) : C. A. WOLLEN, M.H.Cert.

Supervisor of Home Help Service : MRS. J. M. BARTON.

Child Guidance Clinic:**Medical Director :**

ELIZABETH WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

(Maladjustment) (Resigned July, 1954).

ELIZABETH HUBAND, M.A., M.R.C.S., L.R.C.P., Dip.Psy.

(Commenced November, 1954).

Psychiatrist : J. A. AINSLIE, B.Sc., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist : MISS M. TIPPING, M.A., Ed.B. (Glasgow).

Psychiatric Social Workers :

MR. C. A. WOLLEN, M.H.Cert. (Part-time).

MISS S. INI, M.H.Cert. (Resigned April, 1954).

MR. A. C. ADAMS, D.P.A., M.H.Cert.

Psycho-Therapist :

MR. C. A. WOLLEN, M.H.Cert. (Part-time).

Staff of Public Health Service:**Deputy Chief Sanitary Inspector :**

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

Additional Sanitary Inspectors :

K. G. ADAMS, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

L. O. COTTERELL, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

G. T. PARSONS, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

Rodent Officers, Disinfectors and General Assistants :

A. TOMKINS and T. HEWITT.

Administrative and Clerical Staff to above Services:

Administrative Assistant : D. PLEDGE.

Clerical Officer : MISS J. MASHMAN.

Clerical Staff :

MISS M. CRUMP, MISS M. ING, MISS M. COURT.

MRS. M. WHITCOMBE (Public Health).

MISS B. AYERS (School Health).

MISS B. MOAT (School Health, Dental Clinic).

MRS. E. M. GREENSTREET (School Health, Dental Clinic)
(Commenced December, 1954).

MISS R. DAY, MISS J. HOGBIN (Resigned September, 1954),
MRS. M. CLARKE (Part-time) (Commenced November, 1954)
(Child Guidance Clinic).

